IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Form 210A

United States Bankruptcy Court

SOUTHERN DISTRICT OF NEW YORK

In re LEHMAN BROTHERS HOLDINGS INC., et. al., DEBTORS

Case No. 08-13555 (JMP) JOINTLY ADMINISTERED

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 300 1(e)(2), Fed, R. Bankr. P. of the transfer, other than for security, of the claim referenced in this evidence and notice.

ILLIQUIDX LLP	BANCA FIDEURAM Spa
Name of Transferee	Name of Transferor
Name and Address where notices to transferee should be	Court Claim # (if known): 51229
sent:	Total Claim Amount: <u>\$258,266,052.60</u>
ILLIQUIDX LLP	Amount of Claim as Filed with respect to ISIN XS0208459023: \$ 344,400.60
80 Fleet Street	Allowed Amount of Claim with respect to ISIN
London EC4Y 1EL	XS0208459023 : <u>\$ 333,582.53</u>
UNITED KINGDOM	
	Amount of Claim as Filed with respect to ISIN
Attn.: Mr Celestino Amore	XS0176153350 : <u>\$ 22,566.85</u>
E.mail: amore@illiquidx.com	Allowed Amount of Claim with respect to ISIN
Phone: +44 207 832 0181	XS0176153350 : <u>\$ 21,882.38</u>
Last Four Digits of Acct #: N/A	
	Date Claim Filed: 28/10/2009
Name and Address where transferee payments should be sent (if different from above):	
	BANCA FIDEURAM SPA
Bank: CITIBANK NA, NEW YORK	
SWIFT: CITIUS33XXX	Piazzale Giulio Douhet, 31
ABA Number: 021000089	00143 Roma,
A/C No. 36163143	ITALY

PLEASE SEE ATTACHED EXHIBITS

Date:

08 FAN 2014

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief,

By: (6)

Transferce Transferce's Agent

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment foe up to 5 years, or both 18 U.S C. \$1152 & 3571.

Form 210B (12/09)

IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re Lehman Brothers Holdings Inc.

BANCA FIDEURAM SPA

Case No. 08-13555

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

Claim No. 51229 was filed or deemed filed under 11 U.S.C. § 1111(a) in this case by the alleged transferor. As evidence of the transfer of that claim, the transferee filed a Transfer of Claim Other than for Security in the clerk's office of this court on 3 TAN 2013.

ILLIQUIDX LLP

Name of Alleged Transferor	Name of Transferee
Address of Alleged Transferor:	Address of Transferee:
BANCA FIDEURAM SpA	ILLIQUIDX LLP
Piazzale Giulio Douhet, 31 00143 Roma, ITALY	80 Fleet Street London EC4Y 1EL UK
The alleged transferor of the claim is hereby notified tha	JECT TO TRANSFER~~ t objections must be filed with the court within twenty-one is timely received by the court, the transferee will be of the court.
Date:	ERK OF THE COURT

AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM LEHMAN PROGRAM SECURITY

TO: THE DEBTOR AND THE BANKRUPTCY COURT

- 1. For value received, the adequacy and sufficiency of which are hereby acknowledged, BANCA FIDEURAM Spa ("Seller"), acting on behalf of one or more of its customers (the "Customers") hereby unconditionally and irrevocably sells, transfers and assigns to ILLIQUIDX LLP (the "Purchaser"), and Purchaser hereby agrees to purchase, as of the date hereof, (a) an undivided interest, to the extent of the nominal amount specified in Schedule 1 attached hereto (the "Purchased Claim"), in Seller's right, title and interest in and to Proof of Claim Number 51229 filed by or on behalf of Seller (the "Proof of Claim") against Lehman Brothers Holdings, Inc., debtor in proceedings for reorganization (the "Proceedings") in the United States Bankruptcy Court for the Southern District of New York (the "Court"), administered under Case No. 08-13555 (JMP) (the "Debtor"), (b) all rights and benefits of Seller and its Customers relating to the Purchased Claim, including without limitation (i) any right to receive cash, securities, instruments, interest, damages, penalties, fees or other property, which may be paid or distributed with respect to the Purchased Claim or with respect to any of the documents, agreements, bills and/or other documents (whether now existing or hereafter arising) which evidence, create and/or give rise to or affect in any material way the Purchased Claim, whether under a plan or reorganization or liquidation, pursuant to a liquidation, or otherwise, (ii) any actions, claims (including, without limitation, "claims" as defined in Section 101(5) of Title 11 of the United States Code (the "Bankruptcy Code")), rights or lawsuits of any nature whatsoever, whether against the Debtor or any other party, arising out of or in connection with the Purchased Claim, (iii) any rights and benefits arising out of or in connection with any exhibit, attachment and/or supporting documentation relating to the Purchased Claim, and (iv) any and all of Seller and its Customers' right, title and interest in, to and under the transfer agreements, if any, under which Seller and Customer(s) or any prior seller acquired the rights and obligations underlying or constituting a part of the Purchased Claim, but only to the extent related to the Purchased Claim, (c) any and all proceeds of any of the foregoing (collectively, as described in clauses (a), (b), and (c), the "Transferred Claims"), and (d) the security or securities (any such security, a "Purchased Security") relating to the Purchased Claim and specified in Schedule 1 attached hereto.
- 2. Seller hereby represents and warrants to Purchaser that: (a) the Proof of Claim was duly and timely filed on or before 5:00 p.m. (prevailing Eastern Time) on November 2, 2009 in accordance with the Court's order setting the deadline for filing proofs of claim in respect of "Lehman Program Securities"; (b) the Proof of Claim relates to one or more securities expressly identified on the list designated "Lehman Programs Securities" available on http://www.lehmandocket.com as of July 17, 2009; (c) Seller and its Customer owns and has good and marketable title to the Transferred Claims, free and clear of any and all liens, claims, set-off rights, security interests, participations, or encumbrances created or incurred by Seller or against Seller; (d) Seller is duly authorized and empowered to execute and perform its obligations under this Agreement and Evidence of Transfer; (e) the Proof of Claim includes the Purchased Claim specified in Schedule I attached hereto; and (f) Seller has not engaged in any acts, conduct or omissions, or had any relationship with the Debtor or its affiliates, that will result in Purchaser receiving in respect of the Transferred Claims proportionately less payments or distributions or less favorable treatment than other unsecured creditors.
- 3. Seller hereby waives any objection to the transfer of the Transferred Claims to Purchaser on the books and records of the Debtor and the Court, and hereby waives to the fullest extent permitted by law any notice or right to receive notice of a hearing pursuant to Rule 3001(e) of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law, and consents to the substitution of Seller by Purchaser for all purposes in the case, including, without limitation, for voting and distribution purposes with respect to the Transferred Claims. Purchaser agrees to file a notice of transfer with the Court pursuant to Federal Rule of Bankruptcy Procedure 3001(e) including this Agreement and Evidence of Transfer of Claim. Seller acknowledges and understands, and hereby stipulates, that an order of the Court may be entered without further notice to Seller transferring to Purchaser the Transferred Claims, recognizing Purchaser as the sole owner and holder of the Transferred Claims, and directing that all payments or distributions of money or property in respect of the Transferred Claim be delivered or made to Purchaser.



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Transferred Claims

Purchased Claim

Lehman Programs Securities to which Transfer Relates

Description of Security ISIN/CUSIP	ISIN/CUSIP	Issuer	Guarantor	Principal/Notion al Amount	Maturity	Accrued Amount (as of Proof of Claim Filing Date) Allowed Amount of Claim Proof of Claim Filing Date	Allowed Amount of Claim Transferred to Purchaser
Issue of EUR125,000,000 European Inflation Linked Notes under the U.S.\$25,000,000,000 EMTN Program due December 2016	XS0208459023	Lehman Brothers Treasury Bv	Lehman Brothers Holdings Inc.	EUR 230,000.00 (equivalent to USD 325,473.00)	30/12/2016	EUR 13,375.45 (equivalent to USD 18,927.60)	USD \$ 333,582.53

0.08065% of XS0176153350 = USD 22,566.85 of USD 27,979, filed on 10/28/2009)	50 = USD 22,566.8	is of USD 27	7,979,888.53 (i.e.	the outstanding amount	of XS0176153	,888.53 (i.e. the outstanding amount of XS0176153350 as described in the Proof of Claim dated 10/26/2009 and	Claim dated 10/26/2009 and
Description of Security ISIN/CUSIP	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Maturity Amount	Maturity	Accrued Amount (as of Allowed Amount of Claim Proof of Claim Filing Date)	Allowed Amount of Claim Transferred to Purchaser
Issue of EUR300,000,000 of Inflation Linked Multi- Tranche Notes under the U.S.\$18,000,000,000	XS0176153350	Lehman Brothers Treasury Bv	Lehman Brothers Holdings Inc.	EUR 15,000.00 (equivalent to USD 21,226.50)	10/10/2013	EUR 947.18 (equivalent to USD 1,340.35)	USD \$ 21,882.38

ALL VOUDOLLE

BANCA FIDEURAM S.P.A.

1. Provide the total amount of your claim based on Lehman Programs Securifies. Your claim amount must be the amount owed under your Lehman Programs Securities so a September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security which this claim relates. Amount of Claim: \$ 258,266,052.60 (Required) PLEASE SEE THE ATTACHED ANNEX Yet Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. PLEASE SEE THE ATTACHED ANNEX International Securities Identification Number (ISIN): (Required) 3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number. 3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number. Clearstream Bank Blocking Number, a Security that holds such securities on your behalf). If you are filing a claim. You must acquire a Blocking Number from you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: Clearstream Bank Blocking Number, Euroclear Bank or other depository participant account number related to you Lehman Programs Securities for which you are filing this claim. You must acquire	Lehman Brother		*		CURITIES PROGRAMS OF OF CLAIM
Debions. Debions Debi		- Haldings Tug at al		Filed:	USBC - Southern District of New York
Note: This form that properties section file claims other than those based on Lelinan Programs Securities as I stated on Embrowawe, (Immanistack). Loom as of July 17, 2009 Name and address of Creditor (and name and address where notices should be sent if different from Creditor) Banca Fideuram S.p.a. Piazzale Giulio Douhet, 31 00163 Roma, Italy Filed on: Sentil Address: Email Address: Email Address: Email Address: Felephone number: Email Address: Email Address: Felephone number: Email Address: Felephone number: Formal address where payment should be sent if different from above) Filed on: Filed profice of this box if you are avawe that anyone the search fr		s fioldings inc., et al.,		Le	OR 13555 (INC)
Pazzale Giulio Douhet, 31	based on Leh	man Programs Secur	ities as listed on		0000051229
Banca Fideuram S.p.a. Piazzale Giulio Douhet, 31 00163 Roma, Italy +300659022188 Ielephone number: Email Address: Same and address where payment should be sem (if different from above) Telephone number: Email Address: SEE DOCUMENTS ATTACHE I. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities on September 15, 2008 or acquired them thereafter. I. Provide the total amount of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter. I. Provide the total amount of claim includes to became fixed or injustated before or after September 15, 2008 or acquired them thereafter, you may arrach a schedule with a spikelide on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security to which this claim relates. Amount of Claim: \$258,266,052.60 (Required) PLEASE SEE THE ATTACHED ANNEX **Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities. 2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. It with this claim relates. PLEASE SEE THE ATTACHED ANNEX **Enternational Securities Identification Number (ISIN): Required 3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number," for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number (Torn each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number (Torn each Lehman Programs Security for which you are filing a claim. You must acquire the rel	Name and addre Creditor)	ess of Creditor: (and name	and address where notices should be	sent if different from	
Ol163 ROma, Italy +390659022188 Filed on: Filed					
Helephone number: Name and address where payment should be sent (if different from above) Name and address where payment should be sent (if different from above) Check this box if you are aware that advone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Telephone number: Ennail Address: Ennail Address: Ennail Address: SEE DOCUMENTS ATTACHE 1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount musts be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, adult whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be thated in Visited States and whether such claim mature to reach Lehman Programs Securities. The claim amount must be thated in Visited States and whether such claim mature to reach Lehman Programs Security to which this claim relates. Amount of Claim: S 258,266,052.60 (Required) PLEASE SEE THE ATTACHED ANNEX Check this box if the amount of claim uncludes interest or other charges in addition to the principal amount due on the Lehman Programs Security. PLEASE SEE THE ATTACHED ANNEX Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities. PLEASE SEE THE ATTACHED ANNEX (Required) Sepreparate (sea, in a "Blocking Number") for each Lehman Programs Security to which this this Statim relates. If you are filing this claim relates. PLEASE SEE THE ATTACHED ANNEX (Required) Sepreparate (sea, in a "Blocking Number") for each Lehman Programs Securities to which this claim relates. PLEASE SEE THE ATTACHED ANNEX (Required) A provide the Clearstream Bank Blocking Number, a suppoperate (seath a "Blocking Number") for each Lehman Programs Securities on your behalt). If you are filing this claim with respect to more than one Le		,			
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Telephone number: Email Address: Email Address: Email Address: Email Address: Email Address: Envivide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities and of September 13, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim natured or became fixed or liquidated before or after September 15, 2008. The claim amount must be the amount owed under your Lehman Programs Securities on September 15, 2008. The claim amount must be the amount of them thereafter, and whether such learning the exchange rate as applicable on September 15, 2008. If you are filling this claim with respect to more than one Lehman Programs Security on which this claim relates. Amount of Claim: 5 258,266,052.60 (Required) PLEASE SEE THE ATTACHED ANNEX Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities. PLEASE SEE THE ATTACHED ANNEX PLEASE SEE THE ATTACHED ANNEX (Required) 3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number,") for each Lehman Programs Security or which you are filing this claim with respect to more than one Lehman Programs Security for which you are filing this claim relates. PLEASE SEE THE ATTACHED ANNEX (Required) 3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number,") for each Lehman Programs Security for which you are filing in claim. You must acquire a Blocking Number from your accounthodder (i.e. the bank, broker or other entity that holds use heavering so your behalf). If you are filing this claim relates. Clearstream Bank Blocking Number, Euroclear Bank or other Depository Participan					
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International Securities Identification Number (ISIN): 3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: PLEASE SEE THE ATTACHED ANNEX (Required) 4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank or other depository participant account number from your account number. (Required) 5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized. Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Date. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number in different from	2. Provide the	International Securities Ic	lentification Number (ISIN) for each I	Lehman Programs Security to w	which this claim relates. If you are filing
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalt). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: PLEASE SEE THE ATTACHED ANNEX (Required) 4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalt). Beneficial holders should not provide their personal account numbers. Clearstream Bank S.A., account number 24355 Accountholders Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized. Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attachytopy of power of attorney, if	which this claim	relates.			
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10/26/2009 Any. CEO Matteo Colafrancesco EPIQ BANKRUPTCY SOLUTIONS, LLC	10/26/2009			M.	EPIQ BANKRUPTCY SOLUTIONS, LLC
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571	Penalty			prisonment for up to 5 years, or	both. 18 U.S.C. §§ 152 and 3571